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CONFIRMATION NO. 3614

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|---|---|--|---|------------------------------|---------------------------|--------------------------------|
| SERIAL NUMBER 10/659,517 | FILING or 371(c) DATE 09/11/2003 RULE | CLASS 705 | GROUP ART UNIT 2121 | ATTORNEY DOCKET NO. | | |
| APPLICANTS Mamoud Sadre, Windham, NH; ** CONTINUING DATA ***** This application is a CIP of 09/640,272 08/17/2000 ABN ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 12/03/2003 | | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/DAVE ROBERTSON/</u> Examiner's Signature | | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY NH | SHEETS DRAWINGS 10 | TOTAL CLAIMS 15 | INDEPENDENT CLAIMS 2 |
| ADDRESS Mamoud Sadre Unit # 203 165 Tremont Street Boston, MA 02111 UNITED STATES | | | | | | |
| TITLE Risk management for manufacturing | | | | | | |
| FILING FEE RECEIVED 375 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | | |